STATE OF NEVADA GAMING CONTROL BOARD DROP AND COUNT SCHEDULE 6.130.1(a)



SUBMIT TO

EMAIL: <u>TLCompliance@gcb.nv.gov</u>

TAX AND LICENSE DIVISION PO BOX 8004

		VE VADA		PO BOX 8004 CARSON CITY, NV 89702-8004
Account No., Name, Address, Zip	p Code			For Office Use Only
				Batch Number
				Entry Date
	Please corre	ect if in error		
				Annual Filing
Effective Date:				Amended Filing
DUE DATE:				_
submitted to the Board. This	s form is provided for scheduled drop or cou	the use of nonrestricted Go nt must be reported in adv	ected and counted at the times of croup II locations only, for reporting ance by email to	